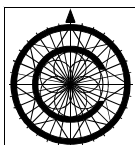


FIFTH QUARTERLY PERFORMANCE REPORT

01 October – 31 December 2003



Submitted to:
USAID/Manila



By:
Chemonics International Inc.
Contract No. 492-C-00-02-00031-00

This study received support from the Office of Population, Health and Nutrition (OPHN) Philippine Mission, United States Agency for International Development (USAID), under the terms of Contract No. 492-C-00-02-00031. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of USAID.

For more information, please contact:
Philippine TIPS
Unit 1608 West Tower, Philippine Stock Exchange Centre
Exchange Road, Ortigas Center
Pasig City 1605, Philippines
Tel: +632 687-7135
Fax: +632 687-2195
E-mail: phil_tips@philtips.com

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PHILIPPINE TIPS
(Tuberculosis Initiatives for the Private Sector)

CONTRACTOR:	Chemonics International, Inc.
CONTRACT NO.:	492-C-00-02-00031
REPORTING PERIOD:	October- December 2003(Quarter 5 of 12)
USAID OFFICE:	Office of Population, Health and Nutrition USAID/Manila

February 2004

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Acronyms

ASI	American Standard Incorporated
CAA	Communication/Advocacy Advisor
CADPI	Central Azucarera Don Pedro, Inc.
CMS	Commercial Market Strategies
CUP	Comprehensive Unified Policy
DOH	Department of Health
DLSU	Dela Salle University
DOLE	Department of Labor and Employment
DOTS	Directly Observed Treatment, Short Course
ECC	Employees Compensation Commission
GDF	Global Development Fund
GSIS	Government Service Insurance System
IEC	Information Education Commission
IMS	Intercontinental Management Services
IUATLD	the International Union Against Tuberculosis and Lung Disease
KAP	Knowledge Attitude Practice
MDH	Manila Doctors Hospital
MOA	Memorandum of Agreement
MTBEA	Master TB Educator Awards
MTBEA	Master TB Education Award
NCET	National Coalition for the Elimination of Tuberculosis (NCET)
NGO	Non-Government Organization
NTBC	National Tuberculosis Center NTBC
NTP	National Tuberculosis Program
OD	Organizational Development
OR	Operations Research
OSHC	Occupational Health and Safety Commission
PAFP	Philippine Academy of Family Physicians (PAFP)
PAMET	Philippine Assoc Medical Tech
PBSP	Philippine Business for Social Progress
PCCI-Phil	Philippine Chamber of Commerce and Industry
PCCP	Philippine College of Chest Physicians
PCHRD	Philippine Council for Health Research and Development
PHIC	Philippine Health Insurance Corp
PhilCAT	Philippine Coalition Against Tuberculosis
PPM	Private-Public Mix

PMP	Performance Monitoring Plan
PDI	Pharmacy DOTS Initiative
PTSI	PTSI Philippine TB Society Inc
RFA	Rapid Field Appraisal
SSS	Social Security System
TB	Tuberculosis
TIPS	Tuberculosis Initiatives for the Private Sector
TOT	Training-of-trainers
TOT	Training of Trainers
UMed	UMed United Laboratories Medical Education and Development
USAID	United States Agency for International Development
UST	University of Santo Tomas
WHO	World Health Organization

I. Executive Summary

The fifth quarter marks the start of the second year work plan for the TIPS project. Priority activities focused on the necessary first steps to implement planned Philippine TIPS interventions. The significant accomplishments of the fifth quarter are summarized below.

Health Policy

- The project participated in an inter-agency group convened by DOLE to prepare the guidelines for TB control in the work place. The DOLE initiative was in response to Executive Order 187 ("Comprehensive Unified Policy (CUP) for TB Control Implementation") of President Macapagal-Arroyo. The guidelines aim to establish TB control programs in work places, align them with the National TB Program (NTP) and provide policies to protect workers with TB against discrimination and dismissal from work.
- Under the agenda of improving quality assurance of TB treatment, a tripartite MOA among Philippine TIPS and professional societies was pursued; for its part, the Philippine College of Chest Physicians launched its own training program on basic DOTS nationwide for its members.

Operations Research on New DOTS Model Development:

- The pharmacy initiative implementation plan was revisited by the new TIPS Activity Manager in USAID. Modifications were agreed upon, which resulted to a change in the implementation team. This caused some delay in the implementation schedule. However, there was significant progress in the training component, i.e., the training design and modules were completed and the training of trainers for 3 of 7 sites was conducted in December.
- The pilot implementation of the DOTS formal workplace models was pursued. Their evaluation for replication purposes is expected the following quarter. Moreover, the DOTS informal workplace with ties to the formal sector is being assessed and designed. Discussions with potential implementers for this model are ongoing. The final structure and operating arrangement and pilot implementation plan is expected to be completed the next quarter.

DOTS Model Enhancement:

- The situation analyses or SA of the five (5) DOTS models -- Manila Doctors Hospital, De La Salle University, FriendlyCare Clinic, PhilamCare and United Laboratories -- were completed in October, and presented to the implementers. The results of the SA informed the recommended enhancement plans for each model. The enhancement plans are scheduled for implementation in January and February 2004.
- Further enriching the enhancement plans are the lessons learned from the study tour (of three states in India, namely: Chennai, Hyderabad and New Delhi; Nairobi in Kenya and The Hague, Netherlands) on various private public mix (PPM) DOTS programs. Except for Unilab, each of the model programs sent one representative to the study tour and TIPS sent the Technical Coordinator, the Health System Adviser and the PBSP project manager for the DOTS in the work place. The PPM setup observed included: a NGO- coordinated DOTS service in Chennai; a private hospital-based program in Hyderabad and a public facility linked with private referring physicians in New Delhi. In Nairobi, the team looked at the experience of a private DOTS program accessing low priced-drugs supplied by a local pharmaceutical company. In The Hague, the team got an orientation of the KNCV set up and how it institutionalized public-private collaboration.

Replication/ Expansion of DOTS Programs:

- Preparations to launch the DOTS grants program were started during the quarter, including preparing a Philippine TIPS grants guidelines, performance monitoring plan for grantees, implementation program for a road show to train private physicians on DOTS and announce the grant fund, and finalization of the Philippine TIPS organizational structure to implement the grant. Related to this, the project added five long term positions, including one DOTS Fund Manager and four DOTS technical specialists, who will monitor and provide one-on-one technical assistance for replicators to ensure good performance of the DOTS replication/expansion programs

Training

- The Master TB Educator grant agreement was finalized with three leading medical schools (University of the Philippines, University of Sto. Tomas, and De La Salle University-Health Services Campus) and the corresponding work plans of each institution were approved by the project.

Certification:

- The certification system and process used by PhilCAT to certify 10 public and private DOTS centers was reviewed and evaluated. The evaluation will contribute to the improvement of the system, which in turn will be the basis of the upcoming preparation of training modules and training of trainers for regional certifiers.

Communications:

- With ACNielsen (Philippines, Inc.), the project began implementing a market research activity to investigate mainly TB information-seeking behavior among private doctors and other stakeholders. The results will be applied to the development of an integrated communications strategy.
- In the area of project communications, the project provided support to the MOA signing between PhilHealth and Philippine TIPS in October; actively participated in setting up a Health Pavilion of USAID Cooperating Agencies at the Philippine Business Conference in November; and installed wall-size posters on women and TB at a Safe Motherhood Congress organized and broadcast live in December by ABS-CBN Corporation, the biggest media company in the country.
- In November, a 3-person Philippine TIPS team shared experiences and insights on TB advocacy work by the project and in the Philippines as a whole at a "TB Policy, Advocacy, Communications and Partnership" workshop at the New Jersey School of Medicine-National Tuberculosis Center in Newark, N.J., November. The workshop ran from November 6 to November 7.

DOTS Financing

- As part of the situation analysis, the financial analysis of the existing DOTS program was completed. Cost estimates were derived for each set up and financial indicators were computed based on various scenarios, including assumptions of PhilHealth benefits. The team intends to conduct in depth consultations during the enhancement period with the implementers to validate the cost estimates and secure policy decision on the pricing of the service.

Project Management:

- The draft final report for the PhilCAT Organizational Development and Sustainability Plan was completed during the quarter. In general PhilCAT agreed with the recommendations. PhilCAT requested a workshop with Philippine TIPS to put in actionable terms the transition plan for the eventual devolvement of Philippine TIPS undertakings to PhilCAT, as well as the implementation program for the OD and sustainability plan.
- TIPS conducted a consultation with the new USAID activity manager in December to discuss the overall direction of the project over its life and in particular the approach and priority activities of the second year work plan. The TIPS project work plan was appropriately modified and resubmitted to USAID for approval.

II. Objectives, Tasks, and Deliverables

In support of USAID/Manila's SO 3, IRs 2.1, 2.2, 4.2 and 4.3, the TIPS project has been charged with the following objectives, tasks, and deliverables:

1) Objectives

Contribute to reducing TB prevalence in the Philippines, specifically, increasing the successful diagnosis and treatment of TB patients by increasing the use of DOTS in the private sector. Further, the project will address the implementation and standardization of TB control and management in the Philippine private sector, and focus on improving public-private partnerships by assisting with the development of institutions that will establish strategic and sustainable measures toward long-term TB reduction.

2) Tasks

The project will focus on the following six tasks:

Task 1: Enabling Environment. Policies, guidelines, and regulations revised and expanded to support appropriate, complementary DOTS implementation by public and private providers.

Task 2: Operations Research. Best strategies identified to improve and expand DOTS implementation in the private sector.

Task 3: Develop/Create DOTS Models. Private sector models developed, implemented, and assessed at regional or local levels.

Task 4: Replication of DOTS Models. Best approaches/models are implemented and adapted in at least 25 strategic, urban sites nationwide with a potential for replication beyond those 25 sites.

Task 5: Training, Certification, Communications. Sustainability of all TB programs strengthened through improved teaching and training in medical schools; improved treatment behavior of private service providers, project promotion, and support to other project tasks through an integrated communication program.

Task 6: Financing. National health care financing schemes that strengthen private sector delivery of TB control and cure services developed and implemented.

3) Deliverables

The project has seven deliverables. The first is an overarching deliverable, while the remaining six correspond to each task aforementioned.

- A. Baseline TB success rate data, baseline on knowledge, attitude and practices of private physicians on TB treatment, and a scale of measurement indicators of achievement of contract objectives.
- B. A comprehensive packet of policies, guidelines, and regulations developed and instituted at the national and local levels to promote appropriate, complementary implementation of TB DOTS treatment by private providers.
- C. Best strategies identified through OR to improve and expand TB DOTS implementation in the private sector.
- D. Private sector TB DOTS service models implemented in specific areas to demonstrate potential for replication.
- E. Best TB DOTS approaches/service models implemented in at least 25 strategic urban sites nationwide.
- F. Teaching and training of TB DOTS conducted in medical professional schools; and, an integrated communication campaign implemented to improve treatment behavior of private service providers, promote the project, and support other project tasks.
- G. Appropriate guidelines and regulations are developed to promote necessary reimbursement programs among private health groups.

III. Performance Objectives and Accomplishments for The Quarter by Task

1) Deliverable A: Baseline Data Collection and Performance Monitoring Plan (PMP)¹

Deliverable A: Establish baseline success rate data, baseline on knowledge, attitude and practices of private physicians on TB treatment, and scale of measurement indicators of achievement of contract objectives

Objectives:

- Award/ commence the baseline survey on KAP of private physicians on TB treatment.
- Secure approval of the project's performance monitoring plan

Targets:

- Commencement of the baseline study on private physicians' KAP
- Securing of USAID approval of TIPS PMP

¹ Previously referred to as Monitoring and Evaluation (M&E) Plan

Baseline Survey of Private Physicians' KAP: A selection committee composed of all technical staff was convened by the Health Systems Advisor to review the proposal. A total of seven proposals were received, and after final deliberation, the University of the Philippines School of Economics was chosen as the contractor for the study. The award, which was previously scheduled sometime October 2003, was delayed due to final negotiations on scope of work and budget. A change in the scope of work arose from the decision to buy a data set of TB treating physicians in the 25 sites of the project from the Intercontinental Management Services (IMS). The rationale was to reduce the time involved in generating the universal list from various secondary sources. This list will be the basis of the sampling list. The contract with UPEcon was finally signed on January 12, 2004.

Performance Monitoring Plan: The PMP has been submitted to USAID for approval at the latter part of the fifth quarter.

2) Task 1 (Deliverable B): Enabling Environment

Deliverable B: A comprehensive packet of policies, guidelines and regulations developed and instituted at the national and local levels to promote appropriate, complementary implementation of TB DOTS treatment by private providers.

Objectives:

- Commence implementation of activities related to the TB Policy Agenda

Targets

- Start up of the feasibility study of the Private Drug Facility (renamed to Private Sector Drug Access)
- Implementation plan of the MOAs with professional societies on DOTS quality assurance and monitor the implementation of undertakings
- Pursuance of policy advocacy with stakeholders

Private Sector Drug Access: Initially the project planned to undertake a feasibility study of a facility that will provide the mechanism for private sector DOTS centers to avail of reasonably-priced anti-TB drugs. After discussing the concept with USAID, the approach was slightly modified from an integrated study to a two-tiered one. The first tier will be the determination of the demand gaps, review of current policies and regulatory constraints, and the design of the scheme to enable private sector access to low cost drugs. One of the models that will be reviewed in depth will be the Global Drug Facility. The second tier will be the detailed feasibility study to set up the design/mechanism. The scope of work prepared for the integrated study was revised to comply with the revised approach.

MOA with Professional Societies on Quality Assurance: Formal implementation plans of the memoranda of agreement among the medical professional societies, the project and PhilCAT still have to be drafted and discussed. However training activities on DOTS for member physicians, which is one of the major components of the collaboration, were pursued. PCCP in particular planned for a nationwide training program of its members on basic DOTS, which will kick off in January 2004. It will cover 15 cities and municipalities nationwide. In areas where the project will be conducting its road show (see Task 4), PCCP and the project agreed to make the workshops a joint undertaking.

Policy Advocacy on TB Patient Rights: Since the policy stakeholder consultations conducted in September, major headway on promoting TB patient rights in the workplace was achieved. As mentioned in the work plan target clientele for this advocacy are the Department of Labor and Employment and private business groups/employers. From DOLE, the target is the issuance of government guidelines that mandate private enterprises to participate in TB control through measures consistent with the Comprehensive Unified Policy (CUP) for TB control, and that ensures non-discrimination of TB patients in the workplace. DOLE through the Occupational Health and Safety Commission initiated the creation of an inter-agency committee that would formulate guidelines on TB control in the work places.

Membership included a cross section of stakeholders including: government agencies (e.g., DOH, PhilHealth, SSS, GSIS, ECC), professional societies, PhilCAT, business groups and Philippine TIPS. The main tasks of the committee are the preparation of these guidelines, monitoring of the implementation thereof, and provision of technical assistance to companies to institute their own internal implementation policies and programs. The first meeting was called in September to discuss scope and policy directions. In December, the first draft was circulated among the members for comments. The project provided comments. The second draft incorporating the initial comments will be discussed in January 2004. The draft final guidelines will be presented and deliberated in the tripartite committee consisting of DOLE, labor groups and employers, before being refined and finally submitted to the DOLE secretary for signature. The guidelines will be effective 30 days after publication in a newspaper of general circulation. OSHC is targeting the announcement of these guidelines on the 2004 World TB Day commemoration.

3) Task 2 (Deliverable C): Operations Research and Related Studies

Deliverable C: Best strategies identified through OR to improve and expand TB DOTS implementation in the private sector

Objectives:

- Implement studies on new model development
- Continue pilot implementation of DOTS in the formal workplace
- Continue design work and plan for DOTS in the informal sector

Targets:

- Deployment of the project management team for the pharmacy initiative, develop IEC materials, develop training modules and conduct a training of trainers for pharmacy personnel participation in TB/DOTS IEC, TB patient screening and referral to DOTS providers
- Continual improvement of the implementation of the pilot formal work place models of CADPI, ASI and Toyota
- Work plan for the informal work force model, including rapid appraisal of potential pilot implementers

Pharmacy Initiative:

A. Pharmacy DOTS Initiative implementation plan

Following a review of the initial TIPS Pharmacy DOTS Initiative with USAID, a few areas in the plan were revised. The appointment of the original program management team was put on hold and subsequently reorganized. The plan calls for an OR on the pharmacy model, to be piloted for a period of six months in seven sites: Quezon City, Cavite, Dagupan, Iloilo, Cebu, Cagayan de Oro, and Davao. The PDI concept will involve a number of pharmacies (the owners) in each of the sites in TB control by engaging their active support for and promotion of DOTS. The pharmacies (i.e., pharmacists and pharmacy assistants) are envisioned to (a) give out DOTS IEC materials to customers inquiring about/buying TB drugs, and giving customers key TB-related information; (b) perform initial TB screening; and (c) refer suspected TB clients to appropriate DOTS centers. Major areas of adjustments include: (a) dropping of the NGO in the implementation plan, (b) hiring of fieldworkers directly connected with DOTS centers to “catch” and follow through patients referred by pharmacies, and (c) reduction in the number of field coordinators to be hired from seven to four, one of which will be the program manager as well as the field coordinator for Quezon City.

The SOWs for the Pharmacy Program Team have been developed and candidates for the positions were screened and submitted for OPHN approval.

B. IEC development

Two sets of consultant teams were identified to undertake an audience analysis for the Pharmacy project, and develop an IEC plan and appropriate key messages for different audience segments of the pharmacy project. A recruitment process was initiated and interviews of potential candidates were completed. The team for the first phase will be fielded early January 2004.

C. Training module development and TOT

Consultants were fielded to undertake the Pharmacy Training Module Development and conduct the training of master trainers. The first TOT was held 9-10 December 2003. Nine participants attended the training, three each from Cavite, Davao, and Cagayan de Oro City. The workshop was designed to engage participants in enriching the content of the learning topics, providing the realities of the local situations especially with regard to local pharmacies, improving the delivery process of the workshop, and ensuring that the design of the training program for the pharmacies would be relevant and culturally sensitive.

The workshop provided the participants and Philippine TIPS a venue to discuss and thresh out expectations for both trainers and Philippine TIPS, set targets for the training of pharmacies, identify support to be provided for the trainers as well as examine the local operating structure for PDI. A second training session for the trainers for the four other sites (Quezon City, Dagupan, Cebu and Iloilo) is scheduled in February 2003.

TB in the Work Place/Force Model:

The models being developed under the PBSP subcontract are service structures in: i) screened formal sector and ii) informal workforce with ties to the formal sector.

Under the screened formal sector the major accomplishments are:

- Start of DOTS diagnosis and treatment, which was timed with the companies' annual physical examination.
- Central Azucarera Don Pedro, Inc. (CADPI- Workplace ++ model) conducted in-house sputum examination among TB-suspected employees, and ongoing TB education for both patients and treatment partners, and ongoing case holding.
- American Standard, Inc. (ASI) completed the setting-up of its Workplace-Public Referral Model with the signing of the Letter of Commitment with the Las Piñas District Hospital (LPDH), the first accredited DOTS Center in the country. LPDH conducted sputum examination among TB suspects referred by ASI. Direct observation treatment (DOT) is done both at LPDH and the ASI clinic.
- In line with enhancing the capacity of CADPI for onsite DOTS service delivery, PBSP facilitated the conduct of sputum microscopy training for the two medical technologists of CADPI Hospital.
- PBSP completed two monitoring processes with the pilot DOTS implementers. Monitoring results serve as input to the DOTS model Replication Guidelines.
- The *TB Education Flipchart for Health Educators* was developed, disseminated and utilized by the DOTS workplace implementers.

Under the informal workforce with ties to the formal sector, the major accomplishments are as follows:

- Expanding its Workplace ++ model, CADPI began developing its model to capture non-employee and non-dependents into the DOTS system. CADPI, the Batangas Provincial Health Office, and six regional health units from four municipalities proximate to CADPI formalized its private-public partnership. Target beneficiaries are workers in the informal sector, i.e. those not directly employed by CADPI but providing ancillary services through subcontracts or as suppliers (e.g. farmers who sell their sugar cane produce to CADPI) or as seasonal service providers (cane cutters during the harvest season).
- PBSP also completed the rapid appraisal in the following sites: WG&A Superferry, Pier 4 Porters' Association, and Parola, Tondo, Manila; CADPI, Batangas, and Barangay Concepcion in Malabon to determine the best arrangement for setting up a DOTS program
- PBSP also began the groundwork to establish partnerships with the Manila City Health Office for the urban informal sector model.

PBSP also participated in a study tour together with Philippine TIPS and other private sector model developers, visiting DOTS sites in India, Kenya, and the Netherlands. The study tour provided inputs to the ongoing development of the informal sector model design and implementation.

4) Task 3 (Deliverable D): Private Sector Models Developed, Implemented, and Assessed

Deliverable D: Private sector TB DOTS service models implemented in specific areas to demonstrate potential for replication

Objectives:

- Conduct situation analysis of the existing pilot DOTS programs²
- Conduct study tour in three countries: India, Kenya and Nairobi
- Develop and get agreement on enhancement plans

Targets:

- Situation analysis report and presentation thereof to implementers
- Study tour and report on learnings and applicable best practices
- Enhancement plans

DOTS model enhancement: Under this task the major accomplishments are as follows:

The situation analysis of the PhilCAT-CDC-sponsored DOTS programs (Manila Doctors Hospital, PhilamCare, DLSU-HSC, and Unilab) and FriendlyCare was completed and dissemination workshops were conducted with each of the clinics' policy and management staff. After the situation analysis, results were reviewed and processed with FACE. Philippine TIPS organized a series of dialogues and consultations with FACE and the DOTS clinics' management staff (except for Unilab). Results (including the cost analysis) were jointly reviewed, identifying the strengths, gaps, and weaknesses of the clinics. Preliminary plans for enhancement were prepared, along with the financial analysis of the project.³ The enhancement plans that were drawn up for individual clinics were based heavily on the study recommendations. Areas for enhancement relate to certain critical aspects of the DOTS elements, namely:

1. Improving the system of ensuring the direct observation of treatment (DOT) component;
2. Ensuring quality smear microscopy results by facilitating laboratory technicians attendance in DOTS training, setting up a laboratory quality assurance system, defining and organizing a functional diagnostic committee, etc.;
3. Maintaining and updating of clinic TB registers and establishing a system of routine reporting of clinic performance indicators based on the NTP guidelines, including holding separate training workshops on recording and reporting of clinic program performance;
4. Developing institutionalized mechanisms of ensuring a sufficient drug supply from the DOH;
5. Clearly defining the support needed from high-level organizational decision-makers (beyond the clinic manager's level); and,

² Consists of PhilCAT-CDC models: local coalition-based (DeLaSalle University); hospital-based (Manila Doctors Hospital; HMO-based (Philamcare); and corporate social responsibility set up (Unilab); and the multi-specialty clinic-based model of FriendlyCare. The Unilab DOTS Program, which serves the immediate community of the company, will be documented only and the document disseminated to other companies that might be interested in establishing a similar program.

³ The completion of the financial analyses for each clinic was a bit delayed because of a lack of consensus on assumptions to be used for the calculations of costs.

6. Developing various training materials for DOTS staff capacity building and IEC materials for increasing private physician referral and treatment adherence and completion

A utilization workshop was held following agreements reached regarding areas for enhancement in each of the clinics that were studied (except Unilab). The workshop, held in Manila Diamond Hotel on December 8, formally presented the clinics' enhancement plans. In attendance were all clinic implementers and high-level officials associated with the DOTS clinics. The TIPS technical coordinator presented the recommended enhancement plans based on Philippine TIPS's review of the findings and the recommendations of the study team. Most of the major recommendations were adopted by the clinic implementers.

Amendments to the MOA with implementers were finalized, citing specific sharing of resources/commitments necessary to implement the enhancement plans.

A subcontractor is continuing to document the implementation of agreed-upon enhancements and provide one-on-one technical assistance as needed. Additional technical assistance requirements, outside the scope of the subcontract, will be provided directly by TIPS, e.g., development/prototype production of IEC materials.

PPM DOTS Study Tour – Still part of the enhancement program, TIPS organized a study tour on PPM DOTS in three countries: India, Kenya and Netherlands. The participants included the TIPS Technical Coordinator, the Health System Advisor, the program manager for the DOTS in the workplace study and representatives from the DLSU, MDH, PhilamCare and FriendlyCare programs. The tour was conducted from October 12 to 28, 2003 and the states visited were Chennai, Hyderabad, and New Delhi in India, Nairobi in Kenya, and The Hague and Haarlem in the Netherlands. These sites were identified by the World Health Organization (WHO) sub-group on Public-Private Mix (PPM) DOTS as potentially being the most instructive for the Philippine situation. The team was able to observe and cull lessons from various PPM modalities, including: a NGO-coordinated service in Chennai, a private hospital-based program that filled the gap even for the public sector service in Hyderabad, a public facility linked to private referring physicians in New Delhi; a private DOTS clinic accessing low priced-drugs supplied by a local pharmaceutical company in Nairobi. In Netherlands, the team got a briefing of the KNCV program including how the public-private collaboration was institutionalized. Lessons learned were inputted to the existing programs' enhancement plans.

5) Task 4 (Deliverable E): Replicate models

Deliverable E: Best TB DOTS approaches/service models implemented in at least 25 strategic cities/large municipalities nationwide

Objectives:

- Prepare for the DOTS Fund/Grant “roadshow”

Targets:

- Implementation plan for the roadshow
- Partnerships with other groups to facilitate mobilization of target private physicians
- DOTS Fund Program guidelines
- DOTS Fund performance monitoring plan
- Deployment of the program management and monitoring team for the DOTS Fund

Grant Program for replication/ expansion of private DOTS services:

The expansion of DOTS models through the project will be done through the provision of grants to private DOTS implementers of programs structured along the best practices of models enhanced or developed by the project. Although the request for application (RFA) for the grant is not scheduled until March or April 2004, the team deemed it critical to have an early announcement, promotional campaign and basic DOTS training of private physicians in the replication/expansion sites. Hence a 'roadshow' that will feature all three factors was planned and will be conducted January through early March 2004. The implementation plan for the roadshow was prepared and coordinated with the Global Fund project, which has a similar objective of establishing DOTS PPM programs in strategic sites nationwide. The implementation plan included: partnering with groups with similar activities such as UMed, PCCP and other professional societies to help organize participants; identifying and finalizing arrangements with resource persons; and agreeing with the Global Fund delineation of target areas/clientele in common sites and synchronization of activities to avoid duplication or competition.

The program for the roadshow workshop includes the following topics:

- Backgrounder on TIPS and related initiatives
- National TB Core Policy: NTP and DOTS
- PHIC TB Outpatient Benefit Package
- DOTS PPM: What, Why, How
- Announcement of TIPS DOTS Fund/Grant

The culmination of the workshop will be the awarding by PhilCAT of certificates to attending physicians.

An addendum to the Philippine TIPS Grants Manual to put in place guidelines specific to the DOTS Fund was prepared with the help of a Chemonics grant specialist. The addendum, that will cover eligibility requirements, minimum technical requirements and standards, is currently being finalized.

The Program Monitoring Plan for the grantees was prepared by the Philippine TIPS technical coordinator with assistance from a Chemonics monitoring and evaluation specialist. The PMP, which includes program indicators and targets, is a critical tool to track the performance of grantees, and to identify areas for improvement so that the 85% treatment success rate will be achieved. However, the PMP has components other than the success rate. It has a score card adopted from the WHO monitoring tool on the quality of DOTS, enrollment of patients, and business and management performance. It also has a component that covers readiness of DOTS centers for certification (leading to PhilHealth accreditation) and increasing the number of certified DOTS referring physicians.

6) Task 5 (Deliverable F): Training, Certification, and Communication

Deliverable F: Teaching and training of TB DOTS conducted in medical professional schools; and, preparation of an integrated communication campaign to improve the treatment behavior of private service providers, promote the project, and support other project tasks

Objectives:

5A Training

- Pursue MTBEA implementation in the three grantee schools
- Assess DOTS syllabus implementation in medical schools

5B Certification

- Review the initial DOTS certification system used in 10 pilot sites

5C Communication

- Complete the award for the communication research study
- Assist in the communication requirements of the other tasks

Targets:

5A Training

- Work plan of MTBEA grantees and schedule of milestones
- Assessment of DOTS syllabus implementation in medical schools

5B Certification

- Review and refinement of the DOTS certification system

5C Communication

- Start of communications research for the project's Integrated Communication Strategy

Task 5A Training

MTBEA Implementation – The grant agreements officially came into effect in October 2003. To date the grantees have finalized their work plans in consultation with Philippine TIPS. As part of the start up activities, TIPS assisted them in the procurement of programmed equipment. Philippine TIPS installed software, called GIFTS, to facilitate its monitoring of the grants program.

Assessment of DOTS Syllabus Implementation in Medical Schools – The team decided to postpone this activity to March or April 2004 to allow the medical schools a longer period to implement their respective plans for incorporating the DOTS syllabus into their curriculum. This will lead to more significant results for evaluation.

Task 5A Certification

Evaluation of DOTS Certification System – The review was started in November 2003. The draft final report, which includes areas for improvement was submitted in December, is currently being reviewed by Philippine TIPS and PhilHealth. Major findings indicate that the processes and

procedures being followed by the stakeholders in the implementation of the DOTS program, which includes organizational structure, functional and certification process parallel international certification organizations, such as the Joint Commission International. The processes that were reviewed revealed sound foundation. However, the study recommended strengthening of quality assurance, capacity-building of healthcare surveyors, and strengthening of information and communication management as regards decision on certification, process of accreditation, and quick action by PhilHealth on certified centers.

5B Communication

Integrated communication strategy – In December, the project awarded the subcontract for "Research Support for the Philippine TIPS Integrated Communications Strategy" to ACNielsen (Philippines, Inc.). ACNielsen submitted its Inception Report on December 16, 2003. Essentially a market research activity, the research targets private doctors and project stakeholders and will be done mainly through one-on-one interviews. The research will investigate:

- Physician information-seeking behavior (including online or internet practices);
- General awareness about health and TB (including analysis of news media treatment of TB one year before start of project);
- Responses to trial messages about DOTS, Philippine TIPS, USAID; and,
- Responses to the desirability or usefulness of a DOTS seal or service mark.

On the recommendation of ACNielsen, the remaining working days of December were used to develop interview guides for doctors and for other stakeholders. ACNielsen purposely did not schedule any fieldwork or actual interviews during the Christmas season as this would have resulted in unreliable data (market research agencies in the Philippines do not poll consumers during Christmas, a season that distorts consumer viewpoints and values since it tends to raise feelings of happiness and well-being).

Project communications – Highlights for the quarter include the following:

In cooperation with USAID and Commercial Market Strategies (CMS), Philippine TIPS took an active and prominent role in setting up a Health Pavilion of USAID-supported Cooperating Agencies at the Manila Hotel, for the duration of the Philippine Business Conference, November 25-29, 2003. For this conference, the most important annual event of the Philippine Chamber of Commerce, Philippine TIPS helped to craft TB-related displays, provided information handouts, and assigned project staff to the exhibit to respond to questions from the conference crowd.

At the invitation of the USAID-funded Social Acceptance Project (Academy for Education Development), Philippine TIPS produced two wall-size tarpaulin posters with information about the relationship between tuberculosis and mothers for the Safe Motherhood Congress, December 7, 2003. The banners were seen by more than 2,000 delegates to the Congress, which was held at the Robinson's Galleria exhibit hall, Ortigas Center, and organized and broadcast live by ABS-CBN Corporation, the biggest media company in the country.

Philippine TIPS prepared information kits for the signing of the MOA between PhilHealth and Philippine TIPS, October 21, 2003. TIPS further released a press release that appeared in several broadsheets, including *BusinessWorld*, the leading business newspaper in the country.

Communications support to other tasks

Technical support was provided to the DOTS Model Forum, held December 8 at Diamond Hotel, Manila; to a formal ceremony program turning over Master TB Educator Award (MTBEA) Grants to University of Sto. Tomas, University of the Philippines, and De La Salle University; and to the preparations for the "1st CEO Forum on TB-DOTS: Business Response to Tuberculosis in the Workforce and the Community" being organized by consortium partner Philippine Business for Social Progress (PBSP). As part of the assistance, Philippine TIPS put together an information packet for USAID and DOH, helped to coordinate the attendance of officers from these two agencies, and arranged for the delivery of 100 copies of the WHO booklet "Guidelines for Workplace TB Programs" to PBSP and the production of an original videotaped message to be shown at the CEO Forum from the Geneva-based Global Health Initiative-World Economic Forum.

Continuing technical support was also provided to PhilCAT organizational development, specifically by helping PhilCAT to expand the "National Tuberculosis Database and Resource Center" into a TB web portal; as a regular member of the Roundtable Discussion on TB organized by the Philippine Council for Health Research and Development (PCHRD), the Comm/Advocacy Advisor (CAA), on behalf of Philippine TIPS, actively helps to implement the said expansion; at a meeting on December 17, it was agreed that the CAA will preside at a meeting of webmasters of various TB agencies (e.g., WHO, World Vision, PTSI, pharmaceuticals, etc.) in late January 2004 to discuss ways that the TB community can work together in bringing about the proposed TB web portal.

Project team participation in IUATLD World Conference – The participation of a Philippine TIPS delegation in the 34th World Conference of the International Union Against Tuberculosis and Lung Disease (IUATLD) gave the project its widest exposure to international audience of TB implementers in 2003. The conference was held in Paris from October 29 to November 2, 2003. Members of the Philippine TIPS delegation were:

- The Training and Certification Advisor spoke at the symposium on "Outcomes of Public-Private Mix Initiatives in DOTS Implementation" (November 1).
- The Health Systems Advisor spoke at a session on "Quality Improvement in TB," about quality issues and the Philippine TIPS approach to TB control.
- The TIPS Technical Coordinator networked with participants and presented the Philippine TIPS objectives and experiences to other stakeholders, during the October 29 session on DOTS expansion, "Progress and the Way Ahead."

Project team participation in NCET TB advocacy workshop – At the invitation of the National Coalition for the Elimination of Tuberculosis (NCET), a U.S. lobby group, a three-person Philippine TIPS team shared experiences and insights on TB advocacy work by the project and in the Philippines as a whole at a "TB Policy, Advocacy, Communications and Partnership" workshop at the New Jersey School of Medicine-National Tuberculosis Center in Newark, N.J. The workshop ran from November 6 to November 7.

Members of the Philippine TIPS team were the TIPS Chief of Party, President of the Philippine Academy of Family Physicians (PAFP) and Dean of Our Lady of Fatima University Medical Center and, an influential columnist of the *Philippine Daily Inquirer*, the highest circulating newspaper in the Philippines.

From the workshop, team members learned about techniques to use the local epidemiological situation to identify and develop policy initiatives and association communications and media activities. The workshop included expert presentations, case studies, break-out discussions, and a panel discussion with U.S. news agencies on how they handled TB stories. A series of column pieces was included in the *Philippine Daily Inquirer* on the participants' interaction with TB-DOTS advocates and practitioners in the US. The columns were "A 'Star' Partner" (Nov. 14), "The Machines Are the Stars" (Nov. 8), "Old and Boring, But Still Deadly" (Nov. 13), and "TB Stories" (Nov. 9).

As follow-up, Philippine TIPS, on the strong recommendation of NTBC/NCET, plans to hold a Manila version of the TB advocacy workshop with technical inputs from NTBC.

7) Task 6 (Deliverable F): Financing

Deliverable G: Appropriate guidelines and regulations are developed to promote necessary reimbursement programs among private health groups.

Objective:

- Establish financial viability of DOTS models

Targets:

- Financial analysis of DOTS models

Financial Analysis for DOTS Models- As a component of the situation analysis undertaken under Task 3, financial analysis was conducted for the five existing DOTS programs. The analysis estimated the cost of providing DOTS service, and the financial indicators for the base case and a forecasted scenario assuming no more funding support from CDC and reimbursements from PhilHealth. A breakeven analysis was also conducted to estimate necessary patient load to realize breakeven (based on revenues from current fees and projected PHIC reimbursement) and conversely the revenue required per patient based on projected volume of patients.

The initial results show that even with the current CDC funding for all models (excluding FriendlyCare), the fixed fee charged by FriendlyCare, PHIC reimbursement, and free drugs from DOH, the revenues are still not sufficient to cover even the operating costs alone of DOTS service. Currently, meetings are being scheduled with each implementer to get a detailed validation of the cost estimates, refine patient volume forecasts and estimates of subsidies if any.

8) Project Management Activities

PhilCAT Institution Building – The final report of the PhilCAT Organizational Development and Sustainability plan was completed in mid-October. The plan's major recommendations include the following:

- Clearly define, formalize and communicate to the membership PhilCAT's core mandate of coalition building and membership development; this mandate has to be reflected in the organizational structure, processes, strategies and required competencies of the secretariat;
- Strengthen the national secretariat to provide technical and management/administrative support to this core mandate;
- Expand the membership and geographical reach to areas that are least represented;

- Optimize resources from its membership by engaging them directly in the implementation of programs and projects of the coalition, rather than focusing on a few key officers and individual members; and,
- Embark on a sustainability plan that should include improvement of the financial management system, diligent fund raising, optimum utilization of current donor funding, leveraging of secretariat resources with member groups resources (e.g., PhilCAT to concentrate on training material development and training of trainers of member organizations; retail training to be conducted by member organizations).

The report was given to PhilCAT for comment. Although PhilCAT generally agreed with the recommendations, it requested a workshop with Philippine TIPS to process these recommendations into a do-able action plan and agree on the specific steps and responsibilities to implement the transition plan that will devolve and institutionalize the Philippine TIPS undertakings to PhilCAT. Related to this, the PhilCAT subcontract will be reviewed to determine what Philippine TIPS activities could appropriately be moved to PhilCAT over the life of the project.

Philippine TIPS Year 2 Work Plan Discussion with USAID - Upon the request of USAID, a consultation workshop on the year 2 work plan was conducted December 11 and 12, 2003. It was an opportunity to clarify the strategic directions and priority activities for year 2. Following the workshop the work plan was revised and resubmitted to USAID.

IV. Outstanding Issues and Options for Resolution

The position of the policy and finance adviser was vacated. Request for approval of the replacement will be submitted early in 2004.

V. Status Toward Achieving Sustainability of Efforts

Pursuant to the project's focus of institution building as the key strategy to sustain its efforts, current related initiatives are:

- Continuing assistance to PhilCAT's organizational development, it being the primary sustainability element for the project;
- Continuing collaboration with various stakeholders, e.g. --
 - Medical professional societies related to advocacy on the use of DOTS as the best practice for TB treatment and the training of its members on the DOTS strategy;
 - DOLE for the issuance of guidelines on TB control in work places, which will cover IEC on TB, de-stigmatization of the disease, treatment through DOTS, and non-dismissal of workers with TB; and,
 - PCCI and PBSP member companies to promote adoption of corporate policies and programs on TB control.
- Continued support to enhance four private DOTS programs with the objective of presenting models as well as exploring the potential of any of the sites to be a center of excellence;
- Close coordination with the Global Fund PPM DOTS project to ensure complementation of efforts; in this regard Philippine TIPS will be represented in the national coordinating committee for PPM which will formulate standardized guidelines for structuring and operating PPM DOTS centers.

VI. Performance Objectives for The Next Quarter

OBJECTIVES	TARGETS/ MAJOR ACTIVITIES
Deliverable A	
<ul style="list-style-type: none"> Finalize a performance monitoring plan. Undertake the baseline survey on KAP of private physicians on TB treatment. 	<ul style="list-style-type: none"> USAID approval of PMP and Year 2 Work Plan Inception report of KAP study, sampling frame and conduct of survey
Deliverable B/ Task 1	
<ul style="list-style-type: none"> Follow up advocacy work on promotion of TB patient rights Pursue development of private sector drug access scheme Pursue efforts on DOTS quality assurance 	<ul style="list-style-type: none"> Issuance of DOLE guidelines on or before World TB Day commemoration (March 24) PCCI symposium on private sector participation in TB control Commencement of the review and design study of a private sector drug access scheme Professional societies' implementation plan for MOA with PhilCAT and TIPS re commitment on promotion of DOTS among members Discussion with PAMET on possible collaboration with TIPS to improve quality of sputum microscopy
Deliverable C/ Task 2	
<ul style="list-style-type: none"> Pursue ongoing studies on new DOTS model development 	<ul style="list-style-type: none"> Presentation by PBSP of formal workplace DOTS pilot implementation results Design and implementation plan for informal workplace DOTS Design and implementation plan of a single practice network DOTS program Interim report on pilot implementation of pharmacy initiative; completion of IEC materials and completion of training of trainers
Deliverable D/ Task 3	
<ul style="list-style-type: none"> Pursue on-going DOTS model enhancement 	<ul style="list-style-type: none"> Implementation of enhancement plan Second situation analysis Replication guidelines/ best practices Dissemination of Unilab/CSR-based DOTS service
Deliverable E/ Task 4	
<ul style="list-style-type: none"> Prepare for the implementation of the replication grant program 	<ul style="list-style-type: none"> Roadshow on DOTS training and announcement of replication grant in the 22 replication/expansion sites of TIPS Meetings with organizations, groups who are potential DOTS program implementers in 22 sites Refined replication grant guidelines Request for Application and its evaluation criteria

OBJECTIVES	TARGETS/ MAJOR ACTIVITIES
	<ul style="list-style-type: none"> Organization of selection committee
Deliverable F/ Task 5	
Training <ul style="list-style-type: none"> Monitor implementation of MTBEA 	<ul style="list-style-type: none"> Mentorship to UP, UST and DLSU from NTBC Continuing advisory assistance on the implementation of respective work plans Monitoring of implementation to ensure compliance with agreed performance targets Draft of Request for Application for second round of MTBEA awards.
Certification <ul style="list-style-type: none"> Improve certification system 	<ul style="list-style-type: none"> Final report on the evaluation of the certification system Training modules and TOT for regional certifiers Finalized Certification Management and Operation Plan
Communication <ul style="list-style-type: none"> Pursue development of integrated communication strategy Continue assistance to communication needs of other tasks 	<ul style="list-style-type: none"> Draft final report of the communications research study Plan for developing integrated communication strategy Assistance to the 2004 World TB Day commemoration
Deliverable G/ Task 6	
<ul style="list-style-type: none"> Pursue financial analysis of private DOTS programs Pursue work plan on DOTS financial framework 	<ul style="list-style-type: none"> Financial analysis report for the 5 DOTS programs (MDH, DLSU, FCC, PhilamCare and Unilab) and business plan for the first four SOW for DOTS financing framework study
Project Management	
<ul style="list-style-type: none"> Pursue capacity building of PhilCAT Increase TIPS personnel 	<ul style="list-style-type: none"> Workshop/ implementation program for PhilCAT Organizational Development and Sustainability Plan Deployment/hiring of the following: pharmacy initiative program team, various consultants, long term staff consisting of new policy and finance advisor, policy and finance program assistant, DOTS Fund program manager and two DOTS technical specialists. Expansion of office space and infrastructure support.

February 2, 2004

Ms. Carina Stover
Director
Office of Population, Health and Nutrition
USAID/Manila

and

Ms. Catherine Fischer
Activity Manager
Office of Population Health and Nutrition
USAID/Manila

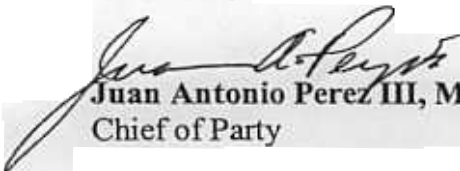
Reference: Contract No. 492-C-00-02-00031

Dear Ms. Stover:

Per contract clause F.5 of the above-referenced contract, Chemonics is pleased to submit its 5th Quarterly Performance Report covering the period 01 October to 31 December 2003.

If you have further clarifications to this submission, please feel free to contact the undersigned.

Yours truly,


Juan Antonio Perez III, MD
Chief of Party

